



# CALIFORNIA STATE FIRE MARSHAL FIREWORKS SEIZURE INVENTORY FORM

If you want to e-mail this form, please download it from our web site:  
<http://osfm.fire.ca.gov> and e-mail to: [patricia.sanchez@fire.ca.gov](mailto:patricia.sanchez@fire.ca.gov),  
OR, mail it to P.O. Box 944246, Sacramento, CA 95814 by JUNE 15, 2003

AGENCY NAME:	AGENCY PHONE:	DATE:
AGENCY ADDRESS:	CITY:	ZIP CODE:
INTERNET EMAIL ADDRESS:	SUBMITTED BY:	PHONE NUMBER:

**1. DOES YOUR JURISDICTION CURRENTLY HAVE QUANTITIES OF SEIZED FIREWORKS? YES ☐ NO ☐** If yes, complete the following

DATE OF SEIZURE:	REASON FOR SEIZURE [H&S 12721]:		
TYPE OF FIREWORKS [H&S 12722]: <input type="checkbox"/> *Safe-n-Sane [H&S 986.6]	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	
DATE OF SEIZURE:	REASON FOR SEIZURE [H&S 12721]:		
TYPE OF FIREWORKS [H&S 12722]: <input type="checkbox"/> Dangerous [H&S 12505]	GROSS WEIGHT:	LOCATION OF STORED FIREWORKS:	

*\*INCLUDES SNAP CAPS AND PARTY POPPERS*

**2. HAS YOUR AGENCY MADE A PREVIOUS WRITTEN REQUEST TO THE SFM FOR THE DISPOSAL OF FIREWORKS? YES ☐ NO ☐** If yes...provide a copy to:

Office of the State Fire Marshal  
ATTN: Fireworks Program  
1131 "S" Street  
Sacramento, CA 95814